

STATE OF VERMONT

SUPERIOR COURT

DIVISION

Unit

Case No. \_\_\_\_\_

APPLICATION TO WAIVE FILING FEES AND SERVICE COSTS

Case Name

Name: (First & Last) \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address: (if different from street address) \_\_\_\_\_

Email Address: \_\_\_\_\_

Home / Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Total Number Living in Household (spouse, partner & dependents) \_\_\_\_\_

Employment

Are you employed?  Yes  No If Yes, list Employers' Name & Address

Employer Name

Employer Address

Section 1: Public Assistance:

Do you receive any kind of government benefit that is based on need, dependent children, or other income sensitive criteria?  Yes  No

Type of Assistance: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

IF YOU RECEIVE ANY PUBLIC ASSISTANCE, YOU DO NOT NEED TO FILL OUT THE REMAINDER OF THE FORM. GO TO THE SIGNATURE AND DECLARATION SECTION ON THE BOTTOM OF PAGE 2.

Section 2: Income and Expenses

If you do NOT receive public assistance, fill out the following:

Table with 2 columns: Income and Expenses. Income section includes Gross Income from Wages Unemployment, Compensation, Child Support, Other Income, and Total Monthly Income. Expenses section includes Rent or Mortgage Payment, Electric Service, Phone, Fuel, Food, Clothing, Medical, Child Support, Auto Loan Payment, Property Taxes, Insurance, Other Expenses, and Total Expenses.

**Section 3: Other Assets**

I have additional assets:  Yes  No *If Yes, describe them below*

| Vehicles  | Make, Model, Year        | Fair Market Value (FMV) | Amount Owed                        | Net Value |
|---|--------------------------|-------------------------|------------------------------------|-----------|
|   |                          | \$                      | \$                                 | \$        |
|   |                          | \$                      | \$                                 | \$        |
|   |                          | \$                      | \$                                 | \$        |
|   |                          | \$                      | \$                                 | \$        |
| Real Property   | Description              | FMV                     | Mortgage                           | Net Value |
|   |                          | \$                      | \$                                 | \$        |
|   |                          | \$                      | \$                                 | \$        |
| Cash Assets   |                          |                         |                                    |           |
|   | Cash on Hand             | \$                      |                                    |           |
|   | Checking Account         | \$                      |                                    |           |
|   | Savings Accounts         | \$                      |                                    |           |
|   | <b>Total Cash Assets</b> | \$                      |                                    |           |
| Other Assets  | Description              | FMV                     | Use additional sheets as necessary |           |
| <i>(examples - tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.)</i> |                          |                         |                                    |           |
|   |                          |                         |                                    |           |
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**Section 4: Additional Information**

These are additional reasons why I cannot afford the fees:

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I request the Court waive filing fees and/or pay service fees in this case because of my low income.

**Section 5: Signatures and Declaration**

I declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury, or other sanctions in the discretion of the court.

Date

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Applicant Signature

Printed Name